

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 17.14
TITLE: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY 32 CFR 199.4(d)(3)(ii)

TRICARE POLICY MANUAL: Chapter 7, Section 3.13

I. EFFECTIVE DATE

March 7, 1985

II. PROCEDURE CODE(S)

HCPCS Level II Codes E0572, E0601, K0183-K0189, K0268

III. DESCRIPTION

CPAP as a non-invasive technique for introducing positive airway pressure into the oropharynx. It is delivered from a flow-generator through a nose mask to supply a pressure level sufficient to keep the upper airway patent.

IV. POLICY

A. Nasal CPAP is considered generally medically necessary and appropriate when used in patients eight years of age or older (when the airway assumes adult/mature proportions) with moderate or severe obstructive sleep apnea syndrome (see [Chapter 2, Section 28.1](#), *Obstructive Sleep Apnea Syndrome*), who have failed to obtain relief from other non-invasive therapies and for whom surgery would be the only other therapeutic alternative.

B. Coverage for CPAP is allowed for beneficiaries diagnosed with respiratory conditions and multiple sclerosis (MS) which is causing restricted airway pressure into the oropharynx.

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TRICARE CHANGE #: N/A

V. POLICY CONSIDERATIONS

For claims documentation and other information, refer to [Chapter 2, Section 17.1](#), *Durable Medical Equipment*.

END OF POLICY